

**SEER Site-Specific Coding Guidelines****BLADDER****C67.0–C67.9****Primary Site**

C670 **Trigone** of bladder

Base of bladder

Floor

C671 **Dome** of bladder

Fundus

Vertex

Roof

Vault

C672 **Lateral wall** of bladder

Right wall

Left wall

Lateral to ureteral orifice

Sidewall

C673 **Anterior wall** of bladder

C674 **Posterior wall** of bladder

C675 **Bladder neck**

Vesical neck

Internal urethral orifice

C676 **Ureteric orifice**

Just above ureteric orifice

C677 **Urachus**

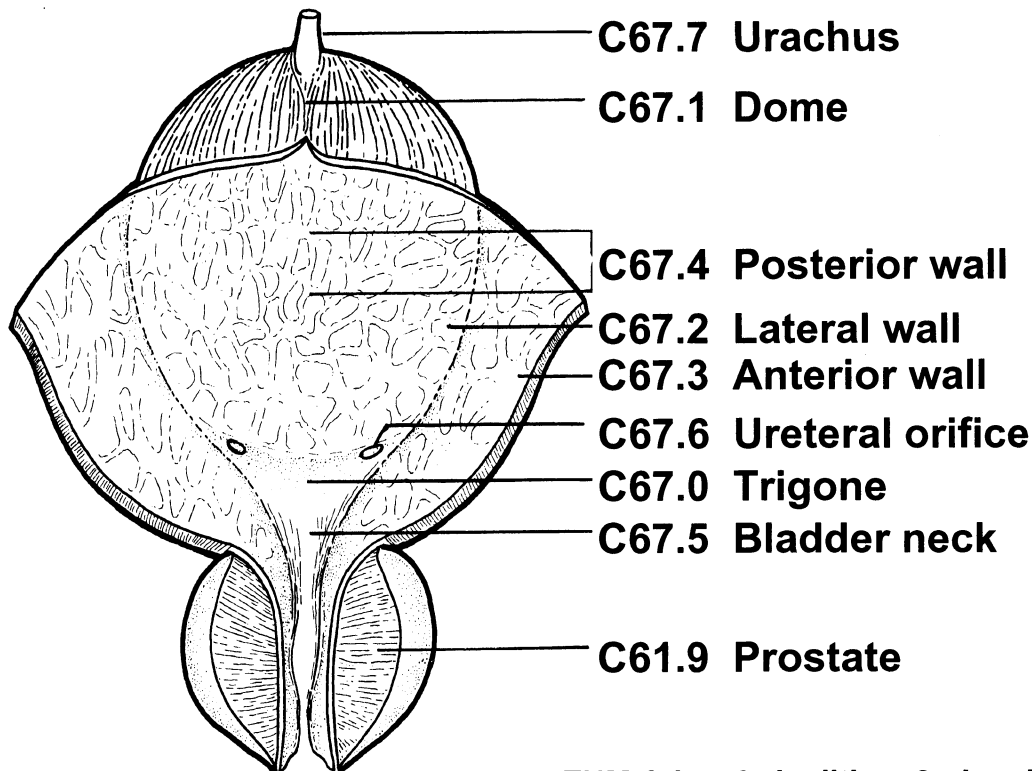
Mid umbilical ligament

C678 **Overlapping** lesion of bladder

Lateral-posterior wall (hyphen)

C679 **Bladder, NOS**

Lateral posterior wall (no hyphen)

**Bladder Anatomy and ICD-O-3**

Source: TNM Atlas, 3rd edition, 2nd revision

**Figure 1**

**Priority Order for Coding Subsites**

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

Operative report (TURB)  
Pathology report

**Multifocal Tumors****Invasive tumor in more than one subsite**

Assign site code **C679** when the tumor is **multifocal** (separate tumors in more than one subsite of the bladder).

If the TURB or pathology proves **invasive** tumor in **one subsite** and **in situ** tumor in all **other** involved subsites, code to the subsite involved with **invasive** tumor.

## Bladder Wall Pathology

The bladder wall is composed of three layers. There may be “sub layers” within the major layers of the bladder.

Bladder Layer	Sub layer	Synonyms	Staging	Description
Mucosa		Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	No blood vessels, in situ/noninvasive	First layer on inside of bladder Lines bladder, ureters, and urethra
	Basement membrane		No invasion of basement membrane is in situ Invasion/penetration of basement membrane is invasive	Single layer of cells that lies beneath the mucosal layer separating the epithelial layer from the lamina propria
	Submucosa	Submucous coat, lamina propria, areolar connective tissue	Invasive	Areolar connective tissue interlaced with the muscular coat Contains blood vessels, nerves, and in some regions, glands
Lamina propria	Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium		Invasive	
Muscle	Bladder wall	Muscularis, muscularis propria, muscularis externa, smooth muscle	Invasive	

The following terms are used when the tumor has extended **through the bladder wall** (invades regional tissue):

**Serosa** (Tunica serosa): The outermost serous coat is a reflection of the peritoneum that covers the superior surface and the upper parts of the lateral surfaces of the urinary bladder.

The serosa is part of visceral peritoneum. The serosa is reflected from these bladder surfaces onto the abdominal and pelvic walls.

#### **Perivesical fat**

**Adventitia:** Some areas of the bladder do not have a serosa. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the bladder and is called adventitia.

## **HISTOLOGY**

More than 90% of bladder tumors are transitional cell carcinoma.

About 6-8% of bladder tumors are squamous cell carcinomas.

About 2% of bladder tumors are adenocarcinoma. Adenocarcinomas tend to occur in the urachus or, frequently, the trigone of the bladder.

Other bladder histologic types include sarcoma, lymphoma, and small cell carcinoma.

Rhabdomyosarcoma occurs in children.

## **Behavior Code**

If the only surgery performed is a transurethral resection of the bladder (TURB) and if it is documented that depth of invasion cannot be measured because there is no muscle in the specimen, code the behavior as malignant /3, not in situ /2.

## **Three-Grade System (Nuclear Grade)**

There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to ICD-0-3 Morphology 6<sup>th</sup> Digit Code.

Term	Grade	ICD-0-3 Morphology 6 <sup>th</sup> Digit Code
1/3 1/2	Low grade	2
2/3	Intermediate grade	3
3/3 2/2	High grade	4

WHO grade is not used to code differentiation.

## FIRST COURSE TREATMENT

### TREATMENT MODALITIES (most common treatments)

TURB with fulguration

TURB with fulguration followed by intravesical BCG (bacillus Calmette-Guerin)

Usually used for patients with multiple tumors or for high-risk patients

TURB with fulguration followed by intravesical chemotherapy

Thiotepa

Mitomycin

Doxorubicin

Segmental cystectomy (rare)

Radical cystectomy in selected patients with extensive or refractory superficial tumor

Interstitial irradiation with or without external-beam irradiation

Implantation of radioisotopes

Treatments under clinical investigation (code under Other Treatment)

Photodynamic therapy after intravenous hematoporphyrin derivative

Intravesical interferon alfa-2a (papillary and in situ)

Chemoprevention agents to prevent recurrence

Chemotherapy administered prior to cystectomy or in conjunction with external-beam irradiation

**Collaborative Staging Codes****Bladder****C67.0-C67.9**

C67.0 Trigone of bladder

C67.1 Dome of bladder

C67.2 Lateral wall of bladder

C67.3 Anterior wall of bladder

C67.4 Posterior wall of bladder

C67.5 Bladder neck

C67.6 Ureteric orifice

C67.7 Urachus

C67.8 Overlapping lesion of bladder

C67.9 Bladder, NOS

**Bladder****CS Tumor Size****SEE STANDARD TABLE****Bladder****CS Extension (Revised: 08/17/2007)**

**Note 1: DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER** The two main types of bladder cancer are the flat (sessile) variety and the papillary type. Only the flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. Papillary tumor that has not penetrated the basement membrane is called non-invasive, and pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description. The more commonly used descriptions for noninvasion are listed below in Notes 2 and 3. Careful attention must be given to the use of the term "confined to mucosa" for urinary bladder. Historically, carcinomas described as "confined to mucosa" were coded as localized. However, pathologists use this designation for non-invasion as well. In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine: 1) If the tumor is confined to the epithelium, then it is noninvasive. 2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably. 3) Only if this distinction cannot be made should the tumor be coded to "confined to mucosa."

**Note 2. For papillary transitional cell carcinomas of the bladder, definite statements of non-invasion (Extension code 01) include:** Non-infiltrating, Non-invasive, No evidence of invasion, No extension into lamina propria, No stromal invasion, No extension into underlying supporting tissue, Negative lamina propria and superficial muscle, Negative muscle and (subepithelial) connective tissue, No infiltrative behavior/component

**Note 3. For papillary transitional cell carcinomas of the bladder, inferred descriptions of non-invasion (Extension code 03) include:** No involvement of muscularis propria and no mention of subepithelium/submucosa, No statement of invasion (microscopic description present)(underlying), Tissue insufficient to judge depth of invasion, No invasion of bladder wall, No involvement of muscularis propria, Benign deeper tissue, Microscopic description problematic for pathologist

(non-invasion versus superficial invasion), Frond surfaced by transitional cell, No mural infiltration, No evidence of invasion (no sampled stroma)

**Note 4:** The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

**Note 5:** The meaning of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" varies with the pathologist who must be queried to determine whether the carcinoma is noninvasive" or "invasive."

**Note 6:** If Extension code is 00-06, Behavior Code must be 2. If Extension code is 10, Behavior Code may be 2 or 3. If Extension code is 15 or greater, Behavior Code must be 3.

**Note 7:** Statements meaning Confined to Mucosa, NOS (code 10): Confined to mucosal surface, Limited to mucosa, no invasion of submucosa and muscularis, No infiltration/invasion of fibromuscular and muscular stroma, Superficial, NOS

**Note 8:** If a tumor is described as confined to mucosa (or the equivalents in Note 5) AND as papillary, use extension code 01 or 03. Use code 10 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary.

**Note 9:** Periureteral in code 40 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 60.

Code	Description	TNM	SS77	SS2000
01	PAPILLARY transitional cell carcinoma, stated to be noninvasive papillary non-infiltrating TNM/AJCC Ta (See Notes 1 and 2) Jewett-Strong-Marshall Stage 0	Ta	IS	IS
03	PAPILLARY transitional cell carcinoma, with inferred description of non-invasion (See Note 3.)	Ta	IS	IS
06	Sessile (flat) (solid) carcinoma in situ Carcinoma in situ, NOS Transitional cell carcinoma in situ TNM/AJCC Tis Jewett-Strong-Marshall CIS	Tis	IS	IS
10	Confined to mucosa, NOS	Tis	L	L
15	Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) TNM/AJCC T1 Jewett-Strong-Marshall Stage A	T1	L	L
20	Muscle (muscularis) invaded, NOS	T2NOS	L	L
21	Muscle (muscularis) invaded: Superficial muscle--inner half	T2a	L	L
22	Muscle (muscularis) invaded: Deep muscle--outer half	T2b	L	L
23	Extension through full thickness of bladder wall	T3a	L	L

30	Localized, NOS	T1	L	L
40	Adventitia Extension to/through serosa (mesothelium) Peritoneum Periureteral fat/tissue Perivesical fat/tissue, NOS	T3NOS	RE	RE
41	Extension to perivesical fat (microscopic)	T3a	RE	RE
42	Extension to perivesical fat (macroscopic) Extravesical mass	T3b	RE	RE
45	Stated as T4, NOS	T4NOS	RE	RE
60	Prostate Ureter Urethra, including prostatic urethra	T4a	RE	RE
65	Parametrium Rectovesical/Denonvilliers' fascia Vas deferens; seminal vesicle	T4a	RE	RE
67	Uterus Vagina	T4a	RE	RE
70	Bladder is FIXED	T4b	RE	RE
75	Abdominal wall Pelvic wall	T4b	D	D
80	Further contiguous extension, including: Pubic bone Rectum, male Sigmoid	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Bladder****CS TS/Ext-Eval (Revised: 08/18/2006)**

**Note:** According to AJCC, staging basis for transurethral resection of bladder tumor (TURBT) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation: tumor size/extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

**NOTE:** For this primary site code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

**Bladder****CS Lymph Nodes (Revised: 08/15/2006)**

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

**Note 2:** Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Perivesical Iliac: Internal (hypogastric) Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	N1	RN	RN
20	Single regional lymph node greater than 2 cm and less than or equal to 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph node(s), at least one greater than 5 cm	N3	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Bladder****Reg LN Pos**

SEE STANDARD TABLE

**Bladder****Reg LN Exam**

SEE STANDARD TABLE

**Bladder****CS Mets at DX (Revised: 05/06/2004)**

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s): Common iliac	M1	D	D
11	Distant lymph node(s), NOS Specified distant lymph node(s) other than code (10)	M1	D	D
40	Distant metastases, except distant lymph node(s) (code 10 or 11) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) or (11)]	M1	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Site Specific Surgery Codes****Bladder****C670–C679**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

**Codes**

- 00     None; no surgery of primary site; autopsy ONLY
- 10     Local tumor destruction, NOS
- 11     Photodynamic therapy (PDT)
  - 12     Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13     Cryosurgery
  - 14     Laser
  - 15     Intravesical therapy
  - 16     Bacillus Calmette-Guerin (BCG) or other immunotherapy

[SEER Note: Code BCG as both surgery and immunotherapy]

**No specimen sent to pathology from surgical events 10–16**

- 20     Local tumor excision, NOS
- 26     Polypectomy
  - 27     Excisional biopsy

[SEER Note: Code TURB as 27]

**Any Combination of 20 or 26–27 WITH**

- 21     Photodynamic therapy (PDT)
- 22     Electrocautery
- 23     Cryosurgery
- 24     Laser ablation

[SEER Note: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25     Laser excision

**Specimen sent to pathology from surgical events 20–27**

- 30     Partial cystectomy
- 50     Simple/total/complete cystectomy

- 60     Radical cystectomy (male only)

[SEER Note: This code is used only for men. It involves removal of bladder and prostate, with or without urethrectomy. The procedure is also called cystoprostatectomy. If a radical cystectomy is the procedure for a woman, use code 71.]

- 61     Radical cystectomy PLUS ileal conduit
- 62     Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63     Radical cystectomy PLUS abdominal pouch (cutaneous)
- 64     Radical cystectomy PLUS insitu pouch (orthotopic)

- 70 Pelvic exenteration, NOS
  - 71 Radical cystectomy (female only); anterior exenteration  
**A radical cystectomy in a female includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra**
  - 72 Posterior exenteration
  - 73 Total exenteration  
**Includes removal of all pelvic contents and pelvic lymph nodes. The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR item # 1292).**
- 74 Extended exenteration  
**Includes pelvic blood vessels or bony pelvis**
- 80 Cystectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY